

**Georgia State Board of Examiners for Certification
of Water and Wastewater Treatment Plant
Operators and Laboratory Analysts**
237 Coliseum Dr., Macon, GA 31217
404-424-9966
www.sos.ga.gov

Application for Certificate

Application Fee \$25.00 (non-refundable)
Make checks payable to Georgia Board of
Water/Wastewater

Date Entered _____

Receipt # _____

Submitted \$ _____

Date Issued _____

I am applying for the following certificate: (check one):

Water Certificate

**CERTIFICATE FOR PUBLIC WATER
SUPPLY SYSTEM**

- ____ Water Operator Class I
____ Water Operator Class II
____ Water Operator Class III
____ Water Operator Class IV
____ Water Distribution System Operator
____ Water Laboratory Analyst

Wastewater Certificate

**CERTIFICATE FOR BIOLOGICAL
WASTEWATER TREATMENT SYSTEM**

- ____ Wastewater Operator Class I
____ Wastewater Operator Class II
____ Wastewater Operator Class III
____ Wastewater Operator Class IV
____ Wastewater Collection System Operator
____ Wastewater Laboratory Analyst
____ Wastewater Industrial

☐ Please check this box if you are a military spouse or a transitioning service member of the United States Armed Forces, including the National Guard.

If you hold a current certificate for one or more of the above categories, provide the certificate number(s):

Applicant Name:

LAST FIRST MIDDLE

Social Security #¹:

____ - ____ - ____

Date of Birth:

____ - ____ - ____

¹ This information is authorized to be obtained & disclosed to state & federal agencies pursuant to O.C.G.A. § 19-11-1 & O.C.G.A. § 20-3-295, 42 U.S.C.A. § 551 & 20 U.S.C.A. § 101.

Gender: ☐ Male ☐ Female

Residential Address:

PHYSICAL ADDRESS - NUMBER AND STREET NAME REQUIRED (P.O. BOX NOT ACCEPTABLE)

APT #

CITY

STATE

ZIP

Mailing²

Address :

(P.O. BOX ACCEPTABLE) ² O.C.G.A. §43-1-2 (k) Your name, mailing address and license number are public information and will appear on Secretary of State's website

CITY

STATE

ZIP

Daytime Phone #

____ - ____ - ____

Evening Phone #

____ - ____ - ____

E-mail Address³:

³ Required for communication with Board staff. Your email will not be shared with third parties.

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Background Questionnaire

The following questions must be answered by the applicant. If “yes” is answered to any question, documentation/explanation must be provided, including certified documentation such as court dispositions, board disciplinary action reports, etc.

Yes	No	Have you completed a minimum of high school education or a GED equivalency certification? If “Yes”, provide copy of high school diploma, GED certificate, college diploma, or transcript.
Yes	No	Has any license issued to you by any board, agency, or licensing authority in any state, including Georgia, been revoked, suspended, sanctioned or modified? <i>If yes, attach documents.</i>
Yes	No	Have you ever been denied issuance of, or pursuant to any disciplinary proceedings, been refused renewal of a license by any board, agency, or licensing authority in any state, including Georgia?
Yes	No	Have you ever been arrested, convicted, or sentenced for any felony, misdemeanor, DUI, DWI, or any crime involving moral turpitude? If yes, attach certified copy of the court disposition and a notarized statement on agency letterhead from the probation officer giving current status of probation.
Yes	No	Have you ever entered a plea of guilty or nolo contendere, or been given First Offender status for any felony, misdemeanor, DUI, DWI, or any crime involving moral turpitude? If yes, attach a certified copy of the court disposition and a notarized statement on agency letterhead from the probation officer giving current status of probation.
Yes	No	Have you successfully completed the appropriate exam for the certificate for which this application is being made? <i>Attach a copy of the exam score notification.</i>
Yes	No	Have you completed the required training course(s) prior to taking the exam for the certification for which this application is being made? <i>Attach a copy of the training certification(s) of completion.</i>

I hereby swear or affirm that the answers and information contained in this section of the application are true, complete, and correct. I understand that making a false or misleading statement on this form is a crime and may result in criminal prosecution and in my being denied a license from the Georgia State Board of Examiners for Certification of Water and Wastewater Treatment Plant Operators and Laboratory Analysts. (O.C.G.A. § 43-1-19 and O.C.G.A. § 16-10-71.)

State of Georgia, County of _____

Print name of Applicant

Subscribed and sworn to before me this
____ day of _____, _____

Signature of Applicant

Notary Public
My Commission expires: _____

NOTARY SEAL (legible seal required; If using embossed seal, apply shading to make seal legible when digitized.)

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Required Experience

List your experience that is relevant to the license type for which you are applying. Include additional pages if necessary.



NOTE: If you are applying for reduced experience based on “equivalent degree”, contact the board office at 844-753-7825 for clarification and further information.

Experience Dates: from _____ to _____
(month/date/year) (month/date/year)

Job Description

Provide a specific detailed description of the duties you perform as an OPERATOR / ANALYST as related to the class / category of certificate for which you are applying.
You must be able to show that you PERFORM the OPERATOR / ANALYST DUTIES REQUIRED to hold a certificate in this class / category.

Name of Employer/Company: _____

Professional Reference

(Must be a licensed operator or official who will certify your required experience, preferably your current employer.)

The above information is verified by me to assist the Certification Board in safeguarding the public against licensing operators / analysts without the required work experience. I swear that the above statement and experience dates are true to the best of my knowledge under penalty of law. (This section may be duplicated to provide additional references.)

State of Georgia, County of _____

Subscribed and sworn to before me this
_____ day of _____, _____

Notary Public
My Commission expires: _____

Print name of Reference

Signature of Reference

NOTARY SEAL (legible seal required; If using embossed seal, apply shading to make seal legible when digitized.)

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Application for Certificate

AFFIDAVIT

I hereby swear and affirm that all information provided in this application is true and correct to the best of my knowledge and belief. I further swear and affirm that I have read and understand the current state laws and rules and regulations of the Georgia State Board of Examiners for Certification of Water and Wastewater Treatment Plant Operators and Laboratory Analysts, and I agree to abide by these laws and rules, as amended from time to time.

I also understand that if I have made a false statement on the application, or if I am found to have been convicted of a felony and have not had all of my civil rights restored pursuant to the law, the Board may suspend my registration without a prior hearing. I shall be entitled to a hearing after the suspension of my registration.

By signing this application, electronically or otherwise, I hereby swear and affirm one of the following to be true and accurate pursuant to O.C.G.A. § 50-36-1 (mark either 1 or 2 below as it applies to your status):

1) _____ I am a United States citizen 18 years of age or older. You must submit a copy of your current Secure and Verifiable Document(s) such as driver's license, passport, or other approved document.

2) _____ I am not a United States citizen, but I am a legal permanent resident of the United States 18 years of age or older, or I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older with an alien number issued by the Department of Homeland Security or other federal immigration agency. You must submit a copy of your current immigration document(s) which includes either your Alien number or your I-94 number and, if needed, SEVIS number.

Secure and Verifiable Documents Under O.C.G.A. § 50-36-2

The Illegal Immigration Reform and Enforcement Act of 2011 ("IIREA") provides that "[n]ot later than August 1, 2011, the Attorney General shall provide and make public on the Department of Law's website a list of acceptable secure and verifiable documents. The list shall be reviewed and updated annually by the Attorney General." O.C.G.A. § 50-36-2(f). The Attorney General may modify this list on a more frequent basis, if necessary.

The list of secure and verifiable documents, published under the authority of O.C.G.A. § 50-36-2, contains documents that are verifiable for identification purposes, and documents on this list may not necessarily be indicative of residency or immigration status. This list may be found on the Board's website at this address: <http://sos.ga.gov/admin/files/svd2013.pdf>

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has attached at least one Secure and Verifiable Document, as required by O.C.G.A. § 50-36-2, with this Affidavit.

State of Georgia, County of _____

Print name of Applicant

Subscribed and sworn to before me this

_____ day of _____, _____

Signature of Applicant

Notary Public

My Commission expires: _____

NOTARY SEAL (legible ink seal required;
If using embossed seal, apply shading to make seal legible
when digitized.)

**Georgia Bureau of Investigation
Georgia Crime Information Center**

CONSENT FORM

I hereby authorize **The Georgia Board of Examiners for Certification of Water and Wastewater Treatment Plant Operators and Laboratory Analysts** to receive any Georgia criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

Full Name (Print)

Address, City, State, County, Zip

Sex

Race

Date of Birth

Social Security Number

By signing this form, I acknowledge that I have been informed of the Non-Criminal Justice applicant's Privacy Rights and the Privacy Act Statement (title 28 United States Code § 534).

Signature

Date

Special employment provisions (check if applicable):

___ Employment with mentally disabled (Purpose code "M")

___ Employment with elder care (Purpose code "N")

___ Employment with children (Purpose code "W")

Select one of the following (required):

☐ This authorization is valid for ___90 days / ___180 days / ____ days from date of signature.

☐ I, _____, give consent to the above named to perform periodic criminal history background checks for the duration of my employment with this company.